centre for research on
families and relationships

Becoming a 'Boundary-Spanner' through Practitioner-Research

PROP Contribution Story #1

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This report outlines the first part of the PROP contribution story and focuses on the the Practitioner-Research Programme for health and social care practitioners in Scotland.

Executive summary

This report outlines the second part of the PROP contribution story and focuses on the impact of the knowledge translation and exchange processes on both the individual practitioner and the fields of practice where that evidence was shared.

The PROP (Practitioner-Research: Older People) programme brought together a team of practitioners in health and social care, academics and specialists in evidence-use and knowledge media from the Centre for Research on Families and Relationships (CRFR) at the University of Edinburgh and the Institute for Research and Innovation in Social Services (IRISS). It was funded through the Economic and Social Research Council with support from the Scottish Government's Joint Improvement Team.

The PROP Partners included: NHS Lothian, West Lothian Council, Glasgow City Council, Alzheimer Scotland, and Scottish Care and VOCAL Midlothian and Midlothian Council.

This project aimed to improve care for older people by:

- Producing an evidence base that relates directly to the needs of those providing services and those developing policy
- Sharing that evidence amongst practitioners, policy makers, service users and other stakeholders and encouraging research utilisation in practice

These aims address two research utilisation problems:

1. How can research be more useful to practice?
2. How can we improve the utilisation of this research?

Pathway to impact

The production of a 16-month practitioner-research programme including training and mentorship with research (May 2012-September 2013) contributed to the development of practitioners as researchers and the production of new research evidence about improving services for older people in Scotland.

Our analysis uses a Contribution Analysis approach (Mayne 2001, 2012, Morton 2012). It begins with an overview of the inputs which each partner brought to the programme, the activities which were undertaken, the development of new awareness and then changes in knowledge, capacity, skills and practice.

Contribution of the PROP practitioner-research programme

1. The creation of boundary-spanning practitioners who occupy a new position in their practice as both practitioner and researcher
2. Establishment of ethics clearance processes in three of the partner organisations (Alzheimer Scotland, Midlothian Council and VOCAL)
3. Use of summary postcards and formatted research reports to facilitate the uptake of research evidence

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What is PROP?

The PROP practitioner-research programme was a partnership between the Centre for Research on Families and Relationships (CRFR) at the University of Edinburgh and the Institute for Research and Innovation in Social Services (IRISS). It was funded through the Economic and Social Research Council with support from the Scottish Government's Joint Improvement Team.

CRFR and IRISS partnered with a group of Scottish Local Authorities, NHS, third and independent sector organisations to run the PRP. The partners include NHS Lothian, West Lothian Council, Glasgow City Council, Alzheimer Scotland Scottish Care, VOCAL Midlothian and Midlothian Council.

This project aimed to improve care for older people by:

- Producing an evidence base that relates directly to the needs of those providing services and those developing policy
- Sharing that evidence amongst practitioners, policy makers, service users and other stakeholders and encouraging research utilisation in practice

These aims address two research utilisation problems:

3. How can research be more useful to practice?
4. How can we improve the utilisation of this research?

To address these problems, the PROP project brought together a team of practitioners in health and social care, academics and specialists in evidence-use and knowledge media from IRISS and CRFR. We delivered a practitioner-research training programme and supported the production of new research evidence on improving health and social care services for older people in Scotland.

Project aims

Through the delivery of a practitioner-research programme, we aimed to achieve the following:

- Improve the volume and quality of research produced by those delivering health and social care for older people
- Increase awareness of, and improve access to, research created by those involved in providing care for older people
- Support greater engagement and collaboration between researchers and practitioners involved in researching and delivering care for older people across health and social care contexts
- Extend theoretical and practical understandings of the knowledge translation, brokerage and exchange processes that are effective between academics, users, policymakers and practitioners when sharing good practice in the production and utilisation of findings relating to the health and social care of older people

Why practitioner-research?

Practitioners undertake a considerable amount of research. In fact, Mitchell and colleagues estimate that 'practitioner research in social work probably occupies a major part of the total volume of research activity in this field' (Mitchell et al, 2010: 8).

There is evidence to suggest that practitioner research can be a valuable approach for strengthening the use of research for the individual practitioner undertaking research and potentially for the organisation with potential for further impact on the wider sector. These benefits vary depending on the support available for the practitioner and how the research is structured; which can for instance involve support being provided by other practitioners, academics or research colleagues based in-house or in external organisations.

Some of the benefits of practitioner research for the practitioner and their organisation include:

- Delivers research of direct relevance to practice concerns
- Improves research capacity of individual practitioners and organisations
- Strengthens the active role of the practitioner in the research process
- Brings the worlds of policy, practice and research closer together
- Helps an organisation develop the capacity for critical inquiry and a "learning orientation"
- Supports the desire for and the use of research done by "outsiders"
- Reduces the distance knowledge has to travel from research to practice
- Provides a starting point for further research-practice collaboration

(Armstrong and Alsop, 2010; Roper, 2002; Anderson and Jones, 2000: 430)

However, practitioner research also present challenges:

1. Practitioner researchers often lack professional support and training related to the use and application of research methods and theory.
2. Practitioners struggle to access existing evidence related to their work, thus potentially affecting the quality of what they are able to produce.
3. Practitioners engaged in conducting research into their own team, service or organisation do not usually have the time or capacity to communicate their research findings more widely or to support their use in other services or organisations.

Supporting practitioners to 'do' research

This Practitioner-Research Programme (PRP) was delivered between May 2012 and September 2014. Over this period, nine practitioners designed and carried out an empirical research project directly related to their practice and the theme of care for older people.

The partner organisations (Alzheimer Scotland, Glasgow City Council, Midlothian Council, NHS Lothian, West Lothian Council and VOCAL) made a commitment to support selected members of staff to participate in the PRP. Practitioners were allocated ½ day/week for research, six days for research training and two days for knowledge exchange seminars over the 16-month period.

Each practitioner-researcher was allocated a mentor from the University of Edinburgh, NHS Lothian or IRISS. This mentor supported the research design and analysis in the project and provided guidance on how best to use research findings to improve policy and practice.

A series of six training sessions was delivered between July 2012 and February 2013. These full-day events focused on six areas of research practice: (1) resources for research, (2) project management and research planning, (3) research design, (4) generating evidence, (5) analysing evidence, and (6) knowledge exchange.

Knowledge exchange events were held in October 2012 and May 2013 bringing together key stakeholders who might be interested in the research to facilitate learning. Practitioners shared their learning about the process of research and key findings from their research.

Research focus

The PROP programme of practitioner research produced eight research projects:

1. Carer's Assessments and Outcomes Focused Approaches to Working with Carers, authored by Abenet Tsegai and Rebecca Gamiz
2. Staff Training for Reablement of Older People, authored by Catherine Robertson
3. Is Music the Best Medicine? By Janice Caine
4. Perspectives on Outcomes of Early Stage Support for People with Dementia and their Carers, authored by Gabrielle Colston
5. What is the level of knowledge of the Comprehensive Geriatric Assessment process in nurses working in admission and assessment areas in Edinburgh? By Anne Scott
6. 'Just because I'm old doesn't mean I'm vulnerable', authored by Billie Morrow
7. The attitudes of elderly patients and their relatives to the experience of boarding in an acute medical unit, authored by Amy Begg
8. Implementation of the Assessment at Home Pathway, authored by Kathy Litteljohn

What did we produce?

- 8 completed practitioner-research projects, including final reports and summary postcards
- 1 summary booklet of the PROP programme of practitioner-research
- 2 knowledge exchange events - bringing together key stakeholders to learn from the research
- 1 peer-reviewed special issue of the Journal of Integrated Care co0authored by PROP practitioners and the project team (expected publication date May 2014)
- 2 peer-reviewed journal articles about improving the use and usefulness of research for those involved in delivering services
- Two evaluation reports about the practitioner-research programme

For more details, please see our website: http://blogs.iriss.org.uk/prop/

Understanding the impact of practitioner research

In order to understand the impact of the PRP, we used an evaluation framework that is based on, and adapted, from Contribution Analysis (Mayne 2001, Morton 2012). This approach is useful because it acknowledges that there are many factors which influence change. Research on its own cannot cause change, but practitioner research that is embedded within the complex world of health and social care can contribute to changes in awareness, capacity and practice.

What is contribution analysis? The assumptions which underpin Contribution Analysis (CA) set it apart from other kinds of evaluation. CA assumes a complex world. Its proponents often use a systems theory approach (Patton 2012) and begin with the viewpoint that there are multiple and complex processes at play in the production of any outcome.

This perspective makes it difficult to produce evaluations that use a linear model of cause and effect. For advocates of CA, linear models omit several key processes such as external influences and the various activities which produce an outcome. In a linear model, the focus is on a straightforward process of inputs, leading to outputs and outcomes. As a result, this kind of approach can miss the context of the intervention as well as the processes and relationships which surround it.

The Process of contribution analysis

CA is part of a family of evaluation approaches called theory-based evaluations. CA uses a theory of change (Mayne 1999) to show how a programme is intended to work and the projected impacts of its production. This process of "logical argumentation" (Wimbush 2012) determines whether the outcomes observed are the result of the programme's activities.

Contribution Analysis is typically conducted in six stages (Mayne 2010).

1. Determine the cause-effect issue to be addressed
2. Develop a theory of change and risks to its success
3. Generate evidence in response to the theory of change
4. Assemble the contribution story, and outline the challenges to it
5. Seek out additional evidence
6. Revise and strengthen the contribution story

Developing a robust theory of change is central to a successful CA evaluation. The theory of change is modeled through a set of tools called logic-models (Rogers 2008) or results chains (Mayne 2001). These tools act as a template for how a programme is intended to work. There are various templates for creating a theory of change. The appropriate model will depend on the nature of the intervention or process to be studied.

For example, Morton (2012) has developed a results chain which focuses on research use and impact. It begins with an account of inputs and outputs and then moves through key processes such as engagement, reaction, change and contribution. Importantly, it prompts the user to focus on assumptions and risk at each stage of this process in order to clarify 'how' the activities of research use are designed to make an impact.

Another model, developed by NHS Health Scotland, reflects an evaluation of Glasgow City Council's suicide prevention partnership in 2009 (Wimbush, Montague, Mulherin 2012). This evaluation uses a 'nested logic model' to capture the two stage process of their pathway to impact. The first stage maps the creation of a successful partnership. The second stage shows the impact of that partnership on the goal of positive health outcomes.

The central connection between these models is that each attempts to describe a pathway to contribution. Outputs from the evaluation tend to be narrative in nature and often read like a "journey" (Patton 2012) from resources through activities to outcomes and outputs. Done well, these narratives should showcase the rich detail and complexity of the programme's context.

Benefits of contribution analysis

The use of contribution analysis is thought to provide a rigorous alternative to experimental models of evaluation that would typically use a counterfactual or control case (Wimbush, Montague, Mulherin 2012). This is appealing in evaluations of social services where the phenomenon under evaluation does is complex and context specific – as in the case of practitioner research.

A useful aspect of a contribution analysis approach is the opportunity for collaboration and learning. Both Patton (2012) and Wimbush et al (2012) identify multiple opportunities for engagement in the evaluation process. Users of the evaluation are encouraged to participate in its design as well as the generation of evidence.

This participation is a cornerstone to the rigor of the process itself. The development of a theory of change is intended to be a dialogical process which includes producers of the programme and users of its outputs. The perspectives of these stakeholders on 'how' a programme is implemented and the possible changes it creates are the central elements of the theory of change. Without the contribution of these voices, the theory of change is reliant on the evaluator's distanced and singular viewpoint.

This process supports the development of 'collaborative capacity' (Wimbush, Montague, Mulherin 2012). It also creates opportunities for ownership of the evidence and encourages the development of evidence which is useful and relevant to the organisations involved and the programmes they develop and use (Patton 2012). In the context of knowledge production, engagement and exchange, it also creates opportunities for reflective practice (Schon 1999).

Limits of contribution analysis

Definitive claims of attribution or contribution are difficult to make in the context of complex systems. Mayne (1999) suggests that the focus of evaluation in this context is more often directed towards increasing understanding of a programme and accounting for 'what works'; it rarely "'proves' things in an absolute sense" (p.5).

Some suggest that the focus on contribution, rather than direct attribution, “is so weak that a finding of no contribution is highly unlikely” (See Patton 2012 p. 376). Patton suggests that this is a legitimate concern and offers an eight-step metric for promoting rigor in contribution analysis (developed from Woods 2007) to supplement his analysis.

Patton suggests that the narrative of contribution can be considered sufficiently robust if multiple perspectives are included in the creation of the logic model, alternative explanations for change are thoroughly addressed and accounted for, and the process itself is reflective and iterative so as to be appropriately critical (for more detail, see p. 375 in Patton 2012).

Using contribution analysis in the PROP project

We used contribution analysis to evaluate the PROP (Practitioner-Research: Older People) project at two levels: (1) the practitioner-research programme and (2) its impact on the use of research evidence in policy and practice at local health and social care organisations.

Our contribution story begins with the individual development of the practitioners involved in the research programme. We suggest that the development of research skills and the experience of ‘doing’ research provides practitioners with expertise as a ‘researcher’ as well as a ‘practitioner’. In this way, they might be thought of as ‘boundary-spanners’.

The second half of our contribution shows the use of practitioner-research to improve the use of evidence-based practice in partner organisations. We suggest that the practitioners’ use of engagement and knowledge exchange has increased organisational capacity for research use and made some initial changes to practice. In this way, they might be considered ‘knowledge-brokers’.

Methodology

We used a nested theory of change (Wimbush, Montague, Mulherin 2012) to show the two-stage process of our contribution (see Appendix 1). The first stage of the process accounts for the practitioner-research programme and its impact on the practitioners involved, particularly the development of research skills and experience with ‘doing’ research. The second stage accounts for the engagement and knowledge exchange activities which were used to share knowledge about the practitioner-research projects, with a particular focus on changes in practice at Alzheimer Scotland, Glasgow City Council, NHS Lothian, Midlothian Council, West Lothian Council and VOCAL.

Each stage of the theory of change is based on Morton’s (2012) template which looks at the impact of research. Morton uses an eight-stage results chain to model the theory of change:

1. Inputs
2. Activities and Outputs
3. Engagement/Involvement
4. Awareness/Reaction
5. Change in capacity, knowledge or skills
6. Change in behaviour and practice
7. Impact

Each stage in the results chain includes the assumptions and risks to the theory of change, as well as the pathway to impact, the indicators for impact and the evidence to be collected. We used this template to create a prospective theory of change at the beginning of the PROP project (June 2012). This was refined a three different points in the project (August 2012, November 2012 and January 2013) to include the iterative learning which was a result of the project's activities. For a detailed matrix of this theory of change, please see our blog: http://blogs.iriss.org.uk/prop/contribution-analysis/.

The nested logic model allows us to apply the stages of Morton's template to two distinct levels: (1) the practitioner-research programme, including the research training, mentorship and support for practitioner-researchers and (2) the development of knowledge exchange networks and engagement strategies which support the use of the research produced and further develop a culture of research in the stakeholder organisations.

Generating evidence of impact

We gathered a range of evidence about these activities, such as questionnaires, round-table discussions and group activities. We used 'criteria for success' to create benchmarks for impact from practitioners, mentors and steering group members. We also used questionnaires to generate evidence for the theory of change. In these questionnaires, we used open questions in order to create space for practitioners to share their experiences in their own terms. We also used closed questions, typically in the form of Likert-type scales, to show improvement over time.

We have also included outputs from the project in our analysis including audio recordings of presentations, presentation material such as powerpoint presentations, and research reports. This data are informed and supplemented by our experience as designers and project managers of this programme of research.

Strengths and limits

The strength of this approach lies in its requirement that the theory of change include a set of explicit assumptions about the activities which lead to change. We used these assumptions to generate the pathway to impact and the indicators through which we would measure that impact. The evidence that was generated was then measured against these indicators. Impact is determined through the degree to which our evidence supports the theory of change model we created. This approach created a robust framework for evidencing the processes of research as well as linking these to wider outcomes

However, this was an internal evaluation, led by the project manager responsible for operational delivery of the programme. Data from several different sources has been incorporated to try and ensure assumptions are rigorously tested, and additional scrutiny has been offered by a Co-Director at CRFR. Some of the evidence presented here reflects the manager's own knowledge and experience of the programme's development, which adds a depth to the report which would not otherwise be possible, but it also adds an additional degree of subjectivity to this analysis.

Second, there are some limits to the degree of our participatory approach. Practitioners have supported the data collection in this project, but the bulk of the modeling was

conducted by the authors. This has limits for the development of robust assumptions and pathways to impact.

Robustness of this report

This report is based primarily on a knowledge exchange event held with a small group of PROP practitioners in July 2013. It does not capture all of the knowledge exchange activities or the depth of organisational learning and impact that these research projects may have supported. Instead, it focuses on case studies to explore the impact of the knowledge exchange processes used in the PROP programme.

Where possible, we also include data generated with key strategic partners from each of the organisations involved in the PROP project. This data was generated through discussion in Steering Group Meetings and a short questionnaire about organisational learning.

Becoming a boundary-spanner through practitioner-research

The following report outlines the development of practitioners as researchers. It explores the processes which led to practitioner's increased capacity for using and producting research. We suggest that PROP contributed topractitioners becoming 'boundary-spanners' in their organisation with a role to do both research and practice.

Boundary spanning is a term used in organisational studies, public policy and knowledge exchange to describe someone who crosses the boundary between different units within their organisation or who sits between different fields of practice.

A number of qualities are highlighted as significant for being a boundary spanner. Networking skills (Friend 1974, Hosking and Morley 1991) are commonly highlighted central to the role. This individual is often tasked with bringing disparate groups together to work towards a shared purpose. Entrepreneurial skills are also though to be key resources for boundary-spanners (Williams 2002, Leadbeater and Goss 1998). These are individuals who can see beyond the organisational boundaries and norms of their role and create new opportunities to do things 'differently'.

We use the term here to refer to the ways the PROP practitioners sit between two fields: research and practice. In the first instance, the boundary between the research and practice is an individual one which the practitioner negotiates as they learn new research skills and develop their practice wisdom. Practitioners on PROP also exhibited entrepreneurial skills in the design and delivery of their empirical research. As is explored further in our second contribution analysis report, practitioners may also use their entrepreneurial skills to They bring new groups of people together to share evidence and improve practice (see 'Assessing the Impacts of New Research Evidence in Health and Social Care' available at: http://blogs.iriss.org.uk/prop/contribution-analysis/)

This report illustrates the process of 'becoming' a boundary-spanner. In it we suggest that the key enablers for this boundary-spanning role between research and practice are:

- Commitment and time of practitioners themselves
- Support from experts in research and knowledge exchange
- Dedicated time away from practice in which to develop research skills
- Guaranteed research leave and support from management
- Passion to improve practice

This report is organised around the following headings: inputs, activities, engagement, reaction, changes in knowledge, skills and practice and changes in practice and behaviour.

Inputs

Everyone in PROP brought a set of resources to the project.

Project team and mentors:

- Research skills
- Expertise with knowledge exchange
- Experience delivering practitioner-research programmes
- Time and project management support

Partners:

- Support-in-kind to enable practitioners to take research leave (½ day per week of research leave plus 8 full days of leave for research training and knowledge exchange events)

Practitioners:

- Practice-based knowledge and expertise
- Knowledge of local practice context and organisational processes
- Time (personal and paid research leave) and determination

Practitioner-researcher inputs

The practitioners on this programme brought with them three key resources: (1) knowledge and experience rooted in their work with services for older people, (2) knowledge of their local practice context, including the organisational processes and structures and (3) time and determination.

Knowledge of practice context

The practitioners identified their "experience and knowledge as a practitioner" as central resource in the undertaking of this research. This is reflected by the research projects which were undertaken. In most projects, the practice context was a key driver for the research focus.

For example, Catherine Robertson's project on reablement training was driven by her role as a reablement trainer in West Lothian Council. Her research evaluates the training programme which she designed and delivered in West Lothian Council. As such, her knowledge of the process of reablement, the training programme, and the policy drivers which inform the reshaping care agenda provide a context for her research.

Similarly, Janice Caine's research project was informed by her experience of using music in the day-services she manages for Alzheimer Scotland. Her research uses participatory methods to investigate the impact of music therapy. This approach was driven, in part, by Janice's experience of working with people with a diagnosis of dementia. As Janice indicates in her report, ensuring that people dementia have a voice in their care is a central pillar of Alzheimer Scotland's objectives. Janice has carried this professional pillar into her research practice.

Likewise, Abenet Tsegai and Rebecca Gamiz's research project on Carer's Assessments reflects their shared experience with the issues facing carers as well as the assessment

processes that are designed to meet carer needs. As they suggest, they brought "knowledge of carers and carer issues, which tend not to be primary focus in health and social care".

Practitioners draw on knowledge rooted in practice when they identify issues facing older people and their carers. They use this knowledge when they link their research question to this local policy and practice context.

Knowledge of organisational structures and stakeholders

Practitioners identified that their "knowledge of local structures and stakeholders" was an important input into their research projects.

For example, their professional access to the practice context is a defining feature of the practitioner-research process. One of the features of this access can be the trust that practitioners have generated with people who access support. This was significant for Janice Caine in terms of her ability to "identify service users/carers who might take part". Janice suggests that her project would not have been possible without the professional relationship she had with the participants. Brokering a trusting relationship is part of the professional work that practitioners carry out. When it works well, this trust can be carried into the research context.

Access was also important in the partnership project between VOCAL and Midlothian. This project involved a comparison between Carers Assessments in the two organisations. Access to confidential material on service users is prohibited in both organisations. As practitioners, Rebecca and Abenet were able to carry out an analysis of confidential service user information within their own organisation. The collaborative nature of the project allowed them to share anonymized findings with one another. Their research was made possible through their access to, and knowledge of, their organisation's approach to Carer's Assessments.

Similarly, some of the research carried out in the PROP programme of practitioner-research was evaluative in nature. For Catherine Robertson, "knowledge and experience of reablement care" were some of the resources she brought to this project. She also brought "knowledge of the training programme" which she was evaluating. As the designer of the reablement training programme at West Lothian, Catherine has an in-depth knowledge of their in-house service delivery programme as well as the training that was delivered to create a reablement service. She also had direct access to staff that had been through the training programme and included them in the 'fieldwork' phase of her research.

In summary, the practitioners on the PROP project had knowledge of their organisations and access to confidential data. They also had access to knowledgeable research participants as part of their practice role. The trust that has been developed through their practice was found to be a useful resource in the research process.

Time and determination

As part of their involvement in the PROP project, the partner organisations guaranteed time away for the six training days and two knowledge exchange events. Despite this guaranteed time, caseloads and other work requirements were only reduced for two of the nine practitioners involved in PROP. Engagement was dependent in part on the practitioners'

ability to meet the requirements of their practice as well as the requirements of the research training and research process.

The practitioners brought with them “a question” to be answered. The ability to answer this question is in part made possible through their enthusiasm for research. As they suggest, “interest” is a key resource, as is the “willingness to use the opportunity to learn and reflect on practice issues and research ‘world’.

This determination “to use the opportunity to learn” is reflected in the practitioner’s “willingness to undertake [the research] in [their] own time”. Despite the organizational commitment to guarantee practitioners ½ week to undertake their research, the time pressures on this project were such that the research was often conducted in personal time over weekends and during annual leave. The majority were able to secure ½ day per week (5/8 practitioners surveyed), but all of the practitioners surveyed noted that they spent personal time on their research.

Their “interest in research” stems, in part, from an “interest in changing practice through research”. While the research time was valued as a space for reflection and skill building, the driver for undertaking research was a desire to change practice.

This group of practitioners was focused on improving services for older people. Each had a set of practice-based knowledge which informed their research. Their knowledge of their own organisations facilitated this undertaking. But it is the determination that research serves a purpose and supports improvements in practice which drives these projects.

Activities and outputs

- Project team designed and delivered a research-training programme for practitioners, including sessions on: research design, data collection, analysis, and knowledge exchange
- Practitioners designed a research project, recruited research participants, generated evidence using a range of methods such as interviews, focus groups, questionnaires and analysed findings with approaches such as narrative analysis and grounded theory
- Partners, practitioners and the project team collaborated to produce new research ethics policies for Alzheimer Scotland, Midlothian Council and VOCAL
- 5 practitioner-research reports, 8 summary postcards, 1 summary flyer, blog posts, 2 evaluation reports
- Forthcoming: 1 summary booklet about PROP (June 2014), a special issue of the Journal of Integrated Care (June 2014), one peer-reviewed journal article (expected January 2016)

Practitioners-researcher activities

As part of the research-training programme, practitioners designed and carried out an empirical research project which included three stages: (1) planning their research, (2) generating data (3) analysis.

Planning the research project

The practitioners began planning their research projects during the recruitment process and continued this work through the first three training events between May and August 2012.

Practitioners were asked to complete a pro-forma outlining their research interests and submit this to the project team. Completing the pro-forma required practitioners to provide details on their research topic, a research question, plans for generating data to answer that question and any ethical concerns they faced with doing this particular research project. They also provided background information on their rationale for undertaking research.

The information from these pro-forma were refined through a process of mentorship and research training. The development of a feasible research project was refined through the production of a research design report and a presentation about this design at the third research-training event. While not all practitioners were able to complete a formal research design report (due to time constraints), each practitioner presented their research to their colleagues, the project team and a selection of the programmes' mentors at the third training event in August 2012.

In order to advance to the 'fieldwork' phase of their research, practitioners considered the relevant ethical implications of their research design. This can be particularly important for practitioners doing research given that the participants in their research are often people accessing support and have a professional relationship with the practitioner-researcher.

The process of ethical clearance, which is designed to ensure that practitioners have considered the potential for harmful repercussions of their research, was straightforward for some. For example, Catherine Robertson, Anne Scott, Amy Begg and Kathy Litteljohn experienced a straightforward process, which involved the completion ethics review protocols and approval from an advisory group in their organisations. West Lothian Council, NHS Lothian and Glasgow City Council, where these practitioners are based, have existing ethical clearance processes and each researcher accessed these and received approval. They also used the self-audit form provided in the PROP research-training handbook to support the ethical review process in their respective organisations.

For some of the other practitioners involved in the PROP programme, gaining ethical approval was less straightforward. Alzheimer Scotland, Midlothian Council, and VOCAL did not have ethical approval procedures in place before the PROP programme. Both organisations, with the support of the PROP project team, practitioners, and University of Edinburgh research staff, have now developed processes for ethical clearance. Janice Caine, Gabrielle Colston, Rebecca Gamiz and Abenet Tsegai were able to receive approval for their research through these newly designed systems.

In contrast, Billie Morrow sought formal NHS ethical approval for her research. NHS research guidance offers researchers two avenues for conducting research. If research falls under the following categories: clinical audit, service evaluation, public health surveillance, case study, satisfaction survey or equipment/systems testing, then there is no need for formal ethical approval (NHS Health Research Authority 2013a). If the research is defined as 'research' by a NHS Research Ethics Committee (NHS Health Research Authority 2013ab) then it needs formal approval from that committee to ensure that it complies with the ethical obligations of research conducted within the NHS.

Billie's proposed study (on the conceptions of vulnerability in older adults engaging with the NHS) was determined to be a 'research' project. As such, she needed to receive formal approval for her project. Billie completed NHS training on completing the ethics approval

form, filed for ethical clearance and was interviewed by the NHS Research Ethics Committee in December. She was not granted approval at this first meeting and asked to revise her proposal. Following revisions, Billie was finally granted clearance for her research in July 2013, approximately nine months after her original application.

The different processes and requirements for ethics approval constituted some of the larger barriers to the PROP project. Instituting an ethics clearance process (Janice Caine, Gabrielle Colston, Rebecca Gamiz and Abenet Tsegai) or undertaking the NHS ethics application process (Billie Morrow) were created unanticipated work for the practitioners, mentors and project team. In Billie's case, they dramatically reduced the time she had available to complete her research.

Conducting research and generating data

Following on from the planning phase of the research-training programme, the practitioners moved into the 'fieldwork' phase of their research projects (October 2012 – December 2012).

Each research project focused on a dimension of health and social care for older people and their carers. These projects address four key themes:

- Staff development (Catherine Robertson, Anne Scott)
- Improving service provision (Amy Begg, Rebecca Gamiz and Abenet Tsegai
- Supporting the development of new services (Gabrielle Colston, Kathy Litteljohn)
- Experiences of older people using services (Janice Caine, Bille Morrow)

These projects used different methodologies: evaluation, participatory action research, qualitative research and mixed methods. The practitioners deployed a range of methods including focus groups, document analysis, questionnaires, diaries and interviews.

For example, Janice Caine used a participatory action research methodology in her research with people with a diagnosis of dementia. Janice's research focused on the impact of music on people with a diagnosis dementia and their carers. Janice was interested in soliciting feedback from people with dementia about their experience of listening to music. In this project, the participant and their carer selected the music that was used in this project and determined their own scale of impact. Together, Janice and the participants generated a positive-negative scale to determine the impact of the music after each listening session.

As Janice says in her final report:

"The feedback form was designed by participants with dementia using emotional touch points. Emotional touch points are a simple method of tapping into people's emotions enabling them to express how they feel using words and in this case also photographs and allowing them to express themselves more easily (Alzheimer Scotland, 2011, Dewar et al, 2009). I used this method to devise a way of feeding back immediately after their listening experience. I needed to ascertain how the music made people feel. We devised the scale by identifying words and photos that described how they felt on a normal day which formed a baseline. We created a similar scale for a good day and a bad day. When looking at the completed scale, I would be able to see the impact based on how they describe on a daily basis. I didn't want to weight any of their responses to the research question so they were

asked to tick as many as they wished. In this way I would measure their immediate response and back it up with the carer diaries" (Caine 2013, pg. 7).

Like Janice, Catherine Robertson used a range of methods to generate data. Catherine's research evaluates the reablement training programme at West Lothian Council. Catherine designed a questionnaire for staff who had completed the reablement training. She also ran four focus groups with staff to build on the findings generated through the questionnaire.

As Catherine says in her final report:

"The purpose of the focus group method was to allow directed discussion between the participants who all had common experience in the field of reablement. By acting as a facilitator, I was able to focus the participants on the subject matter. Initially I guided the discussions and probed for further information where required. I then stepped back and when necessary kept the dialogue flowing in the right direction. This allowed debate to develop between participants and addressed important issues. It provided the opportunity to share views, think through debates and in some areas reach a consensus of opinion in a safe environment" (Robertson 2013, pg. 6).

Data analysis

Following on from the data generation phase, the practitioners moved on to data analysis (January 2013 – March 2013). In preparation for this, the fifth training event 'doing analysis' focused on strategies for analysing data such as grounded theory and narrative analysis. It also included workshops on the policy context of health and social care and different ways of thinking about evidence in health and social care research.

The practitioners who had applied qualitative methods to their research question tended to use a grounded theory approach to the data analysis.

For example, Abenet and Rebecca used grounded theory to analyse documents and data from focus groups. They augmented these data with quantitative information from the document analysis. As they suggest, "having two researchers analyse the data meant there was a need for agreement on a consistent approach, for this reason several steps were built into the method. First an overarching coding frame was agreed, which was based on the five research questions. From a joint analysis of the first focus group transcript sub-codes were then agreed which were felt to be applicable across all the data. This coding system was then applied across the remaining focus groups" (Tsegai and Gamiz 2013, p. 11).

Similarly, Janice Caine used a mix of grounded theory and narrative analysis in her approach to the interview data: "I used a Grounded Theory approach which looks at the discovery of theory from data. Moreover it can provide relevant predictions, explanations and interpretations (Glaser & Strauss, 1999). I used a thematic analysis approach to categorise various themes. By constantly re-analysing the themes, these were distilled. This allowed me to further test my data against the research question. The other method was a narrative approach when reading through the data and interpreting and generating the participant's stories in the form of vignettes and Ipoems" (Caine 2013, pg. 10-11).

The practitioners' activities were largely focused on planning, generating and then analysing their research data. Through this process they developed new knowledge about health and

social care and the process of conducting research. They shared this new knowledge with each other, their mentors and the project team. This engagement is explored in the following sections.

Engagement

Practitioner-research participation in PROP:

- 13 practitioners were recruited from eight different organisations (Alzheimer Scotland, Barchester Healthcare, Glasgow City Council, NHS Greater Glasgow and Clyde, NHS Lothian, Midlothian Council, VOCAL, West Lothian Council)
- 9 practitioners completed the training programme
- 9 practitioners produced summary postcards about their research
- 9 practitioners presented their research at PROP knowledge exchange events
- 5 practitioners produced final research reports

Research engagement with older people, carers and practitioners:

- 2/8 research projects engaged with older people accessing support
- 3/8 research projects engaged with practitioners providing services to older people
- 1/8 research projects engaged with carers and older people accessing support
- 1/8 research project engaged with carers and practitioners

Project team and mentor engagement with PROP practitioner-researchers:

- Mentors engaged with practitioners to support the development of research planning and research skills
- CRFR/IRISS engaged with practitioners in the design of the research training, the development of knowledge exchange events and media, and the impact of the PROP programme as a whole

Practitioner-researcher engagement

Practitioners engaged in the PROP project through a variety of mechanisms. Their engagement is reflected in their continued participation in the programme from June 2012-September 2013. Their engagement is also reflected in the input the offered to develop the training programme. This engagement is further reflected through their engagement with one another's research and the support they provided to their collective development.

Participation

Attendance levels at training events are one reflection of participation. Over the course of the six training events, the attendance levels averaged 90%. The attendance levels were lowest at the beginning and midpoint of the programme, a trend which reflects the late recruitment of some practitioners to the programme as well the attrition of three practitioners part way through the programme.

Lower levels of attendance can be observed for the first training event in which eight of the eleven enrolled practitioners attended. An additional practitioner was recruited between the first and second training events, which increased the total numbers of practitioners involved in PROP to twelve.

The attendance levels at the second and the third training events were 100%. All twelve practitioners presented an outline of their research design at the third training event in August. It was shortly after this event that three of the practitioners were no longer able to

participate. Personal and family health needs impacted the decision of two of the practitioners involved in PROP. For the third practitioner, the combination of the research requirements and their workload in a new post was too much to sustain.

The remaining programme of training and research had a stable cohort of nine practitioners. Nine practitioners completed the research training events and nine practitioners carried out an empirical research project, including data analysis, and the production postcards, a final report and a summary booklet.

Reflection and input into the research training

Attendance levels, as described above, account for one level of engagement. Another dimension of engagement is reflected in the practitioner's input into the format and content of the training programme, as well as the PROP programme more generally.

We evaluated the research-training events through event questionnaires. Each research-training event was evaluated across several variables: organisation; content and relevance; format and timing; supporting materials; overall relevance; and venue and catering. We used four criteria for each category: poor, acceptable, good, and excellent.

On the whole, the practitioners found the research training sessions to be either 'good' or 'excellent'. The practitioners did not attribute the values 'poor' and 'acceptable' to any aspect of the training programme. The 'overall relevance' of the training events was consistently thought to be excellent. Similarly, the content, organisation and supporting materials were thought to be good or excellent throughout.

We used the learning from these evaluations to improve the events for practitioners as we progressed through the training programme. Formal evaluations were supplemented with roundtable discussions at each event to capture on-going learning and provide a supportive space for reflection on the research process.

Reflections were shared amongst the group during training events and in the practitioner's presentations on their research. We also used a virtual learning environment, called Basecamp, to share resources, questions and to generate discussion.

We created space for the reflection on 'doing research in practice' through a series of activities. For example, we ran a 'criteria for success' activity to generate discussion about the purpose and potential outcomes of doing practitioner-research. We also ran a 'positions in practitioner-research' activity to map the different skills and attributes of the dual roles of 'researchers' and 'practitioner'. In our guidance on the content of presentations and reports, we asked practitioners to reflect on their dual role.

Each training event was designed to encourage critical engagement in the training process. We used roundtable discussions during the training event as an open space for discussion about the format and content of learning event. These spaces gave the authors an opportunity to translate concepts which were unclear and fill gaps in learning. It also allowed for an open discussion about the format of the research training.

This discussion about 'what works' was an important aspect of each training event. This helped us to ensure that future workshops were designed appropriately and took into

account the levels of knowledge in the practitioner group and the styles of learning and teaching which were most conducive for them.

Engagement with one another

Practitioners engaged with one another throughout the training events. Some of this engagement was formalized through presentations and small discussion groups. The research training was also designed to create informal spaces for engagement through directed reflection and 'down-time' over lunch and breaks.

In the formal spaces of engagement, the practitioners shared their research designs and key findings about improving health and social care services for older people. These more formal spaces were used to help practitioners refine their ideas about their research and receive constructive feedback from the group.

For example, each of the practitioners delivered a presentation about their research plans to the group on the third training event in August 2012. By the time the practitioners were presenting their research at the final knowledge exchange event in May 2013, they had become very familiar with one another's research. As one practitioner suggested, the PROP programme "increased [her] knowledge of different organisations involved with the elderly out in the community".

When asked about the process of engagement, 5/8 practitioners surveyed suggested that sharing with other PROP practitioners was a valuable process of engagement for them. One practitioner commented that she "shared [her] experiences within the class and found the group in the class to be a great mix of people all with varying experiences of working with older people".

Practitioners shared their experience of doing research, as much as they shared the findings from their research. For example, one practitioner commented that she shared her "anxieties, lack of experience in research, why the subject interested me and what works well for me – what didn't!"

Research findings and the experience of doing research were shared during these training days and knowledge exchange events. The training days seemed to foster engagement through formal presentations and discussion groups as well the 'down-time' for reflection which encouraged engagement in the 'highs' and 'lows' of doing research.

Reaction and changes in awareness

Practitioners

- Practitioners designed research projects which incorporated elements of their research training
- Practitioners used their practice wisdom to support the research design
- Practitioners reported feeling supported by CRFR/IRISS to undertake research and reflective practice
- Practitioners reported feeling challenged by time constraints

Project team

- CRFR/IRISS adapted to provide research-training that was most relevant to the interests of practitioner-researchers

- Mentors adapted to provide support which was most relevant to practitioners

Practitioner-researcher reaction

The practitioners' reaction to the training programme and mentor support was generally very positive. They particularly valued the supportive environment that was created in the training events and the supportive community that evolved over the course of the PROP project. There were also aspects of doing of research which the practitioners found challenging. Their reactions to doing research are mixed. Most found the process rewarding, but the challenge of time pressures and the responsibility they felt towards their practice made the process of doing research difficult.

Feeling supported

The supportive environment was developed from the first training session. Practitioners found the space that was created at this event "very relaxed and informative". The "informal atmosphere" of the first training event was thought to "put everyone at ease". Practitioners felt that the first training event was aimed at "setting the scene" and "putting names to faces". This chimes with our intentions for this event. We hoped it would give practitioners an opportunity one another, the project team and their mentor. We also wanted to provide some key details about the project and a few introductory workshops on the production and use of research. One practitioner's comment confirms intentions for this event: "The day put me at ease and made me feel a little more knowledgeable regarding research".

This feeling of support continued throughout the training programme and beyond. Practitioners consistently commented that they "found the information relevant". They commented that a number of the speakers' input was "excellent and encouraging". Some practitioners commented that the training days were "full-on". Despite this intensity, most found the content and format of the training events rewarding: "It's a really intense day but I'm finding it to be a very rewarding learning experience**."**

Part of the success of these events was the open space for discussion about research progress: "It was useful to have an open discussion about how we are progressing or not." This 'safe space' was particularly important for learning: "I like the informal atmosphere – very conducive to learning and asking 'silly' questions". This echoes the aims of the research training which was designed to create a productive learning space where practitioners felt confident to ask questions of themselves and their practice.

This supportive space became important as "oasis" in the challenging process of doing research and maintaining the commitment to day-to-day demands of their practice: "Very useful day and as usual the day is an oasis in this busy research". The practitioners were often very grateful for this time away to think and work on their projects: "Again – thanks for the friendly and supportive environment for learning about complex task of doing research!**"**

Feeling challenged

The balance between research and practice was difficult for the practitioners to manage from the beginning of the PROP project. Some practitioners were able to negotiate a ½ day per week (or more) for research, but most found that they needed to do their research in their own time.

This slippage between personal and professional time had impacts for their practice and wellbeing. When practitioners were asked about the risks they faced in doing research, they revealed a series of concerns, including the impact of the research process on their practice and personal lives: “It takes my focus away from practice and my caseload - and is spilling into my private life.” When asked about the factors that hindered their ability to take time for the research, practitioners described some of the structural barriers that they faced: “Being a service manager means I didn’t have anyone who could backfill my post. I needed to use weekends - the priority is always service provision and support”.

Even in contexts where practitioners were able to secure ½ a day per week, the pressures of maintaining their practice responsibilities were still a barrier to taking time away for research: “I have a supportive team leader but I have my own guilt from not carrying my share of the workload”. Although the practitioners had support from their organisations to undertake research, the ‘demands of the job’ almost always took priority: “I was working in new role which was often changing and developing therefore research was often not seen as priority if workload was large”.

Practitioners also struggled with the challenges of researching their own practice, and the potential for negative impacts in their organisation. Some practitioners worried that their research would be received negatively, thus inhibiting the uptake of their recommendations. One practitioner was worried about “upsetting individuals and organisations – making them defensive and MORE resistant to change”. There was a sense that their position in their organisation could be difficult for effecting change: “the practitioner can be in a very challenging position in relation to organisational expectation”.

When reflecting on the learning process, the project team made a series of reflections about the resources which practitioners bring with them to the research process. For example, one of the members of the project team commented that she was impressed with “the depth of knowledge and reflection that PRs bring to their research work, their work ethic – which seems exceptionally high to me, their passion – their desire to improve services/experiences for older people, and their fearlessness – we’ve thrown a lot at them and most have met that head on”.

Practitioner research can require difficult intra-organisational negotiation. For example, one of the practitioners, Anne Scott, planned to disseminate information through the use of a poster which would be placed in key locations in her practice. Anne had also planned to circulate a short information card which could be worn on a lanyard. Anne faced a series of barriers in the production of her poster, including the lack of knowledge about graphic design software, the need to purchase a license for the use of an image on the poster, approval for using the NHS logo as well as the the health and safety regulations in her organisation which prevented her from using a lanyard to share information.

The PROP team was able to offer graphic design support and financial support to purchase a license to use the image on her poster. But, it was up to Anne seek advice about the correct use of the NHS logo and ensure she had received approval for its use on the poster. Anne also sought advice from the project team and support from the PROP graphic designer to format the poster. In addition, Anne sought financial support from the team. Her mentor,

who was also based at NHS Lothian, supported Anne to broker access to the organisational knowledge on the logo and health and safety regulations, aided her.

The health and safety regulations and requirements of using the NHS logo were not part of Anne's day-to-day workplace knowledge. As a result of Anne's experience, we learned that availability of consistent support was a key need for practitioners. We also learned a great deal more about the influence of organisational contexts on the production of successful research projects.

Changes in knowledge, capacity and skills

Practitioners

- 100% of practitioners reported increased confidence in use and producing research
- 100% of practitioners reported an increase in their ability to do research
- 100% of practitioners reported increased capacity for reflective practice
- Practitioners developed new skills to carry out their own research (e.g. knowledge of research design, ethics, methods, consent, analysis and writing research reports and knowledge exchange media, presentation skills)

Partners

- All six partner organisations increased their research capacity through the development of practitioners as researchers
- Three partners organisations have gained new research ethics policies through their involvement in the PROP project (Alzheimer Scotland, Midlothian Council, VOCAL)

Project team

- CRFR/IRISS have gained new knowledge about the barriers and enablers to practitioner-research and the initial processes of research uptake, utilization and impact within health and social care practice

New knowledge about health and social care: research topics

1. Reablement training at West Lothian Council
2. Carer's assessments and outcomes-focused approaches to working with carers at VOCAL and Midlothian Council
3. Music-based therapy for people with a diagnosis of dementia at Alzheimer Scotland
4. Early-stage support for people with a diagnosis of dementia at Alzheimer Scotland
5. The 'At Home Assessment' pathway at Glasgow City Council
6. Boarding in NHS Lothian
7. Nurse knowledge of the Comprehensive Geriatric Assessment at NHS Lothian
8. Perceptions of Vulnerability at NHS Lothian

Practitioner-researcher changes in knowledge and capacity

Changes in knowledge, skills and capacity within the participating practitioners make up the most discernible impacts of the PROP research-training programme. These changes can be grouped into three areas: (1) increased confidence with research, (2) increased research skills, (3) increased capacities for reflective practice and (4) new knowledge in health and social care.

Increased confidence with research

Practitioners received comprehensive research training in research design, qualitative methods, narrative and grounded theory data analysis as well as some training in quantitative methods. As described above, the practitioners engaged in this training through their attendance, feedback and discussion.

Prior to joining the PROP project, seven of the nine practitioners had experience with research. Despite a high level of experience in the form of MSc qualifications or specialist training in dementia studies through a three-year diploma, most of the practitioners did not feel confident in their ability to carry out a research project. Seven of the nine practitioners were unsure or very unsure of their research capabilities. Only two of the nine practitioners were reasonably or very confident in the abilities.

The practitioners credit the PROP project with their increased confidence and research skills. All nine practitioners claimed that their confidence levels had improved, though most qualified this positive affirmation with comments about the lack of time or other barriers to doing research. For example, one practitioner noted that they felt "confident about doing research but less confident about timescales". Another practitioner noted that her confidence levels were mixed: "Yes and no! Wider knowledge of the field of research but also more aware of aspects that I am not familiar with".

Research skills

Their practitioners' learning was further developed through the production of an empirical research project. All nine practitioners carried out a research project. This included using qualitative and quantitative methods such as interviews, focus groups, and questionnaires. The classroom-based learning was tested through the practitioners' own research process. When asked about the changes in their level of confidence, one practitioner commented that the increase was a result of "doing the project and having the training alongside it". Another practitioner suggested that their increased confidence came from "doing this [research] step-by-step".

The production of the nine completed research reports is the most convincing evidence of the practitioners' research skills. Each of these reports was 'peer-reviewed' by the project team and by a mentor on the project who gave constructive criticism in order to improve the rigour of the research. These reports offer in-depth accounts of the methodological approach as well as the data analysis deployed. Importantly, each report reflects the generation of new knowledge about health and social care in Scotland.

Reflexive practice

Practitioners gained new insights into their own practice through the reflective process that accompanied their research activities. For example, one of the practitioners involved in the PROP project used participatory methods in her research. As a manager of dementia services with 13 years of experience with her organisation, Janice Caine suggested that she gained new insight into the processes of communication and exchange with people with a diagnosis of dementia. Janice included this awareness in her approach to research: "it is incredibly difficult to undertake participative research with people with a diagnosis of dementia especially in terms of [temporal awareness]. As a practitioner/research I had to be aware and not use this to control what I wanted".

This is echoed by another practitioner's comments about the 're-boot' effect that research has had on her practice: "'A change is as good as a rest' - it's reminded me to not just work on a production line but to speak about and up to try and work to my own standards/values and ethics as opposed to the demands of the machine".

This reflexive practice led one practitioner to comment that she "can see the immediate impact on me". This is reflected by another practitioner comments about her own development: "personally I have found participating in this a confidence boost on a personal and professional level, having recently gone some major life changes personally. I have keen interest in research and would be interested in doing more in the future".

New knowledge about health and social care practice

In addition to the knowledge that practitioners gained about their own organisation and practice through their research, they also gained new insights into other organisations and practices in the health and social care sectors. Practitioners commented that they shared their learning with the project team and other practitioners involved in PROP.

Practitioners made note of their learning about different practices in the health, social work and third sector. One practitioner commented that the PROP project "increased my knowledge of other organisations in community and their role regarding the elderly". The PROP programme benefited from a unified focus of improving services for older people in Scotland. Their shared experiences in working with older people allowed a range of different practitioners to communicate across health, social work and third sector boundaries.

For example, one of the research projects was conducted in partnership between a local authority social work department and a third sector organisation. The partnership between these two organisations, and the practitioners who carried out the research, was a particularly fertile ground for learning. These practitioners both commented on the significance of learning across their organisations. For example, Abenet Tsegai commented that she had learned "about my partners organisation and other perspectives [on carer's assessments]". Her research partner, Rebecca Gamiz, commented that "I've learnt about the different approaches to working with carers and the value in them".

Change in behaviour and practice

Practitioners

- 7/9 practitioners reported an increase in the delivery of knowledge exchange activities about their research as a new part of their practice
- 2/9 practitioners reported changing their professional practice as a result of undertaking research and gaining new knowledge about the experience of service users and carers
- 2/9 practitioner reported changes to their professional role as a result of being involved in the PROP programme

Partners

- Anticipated use of new ethics clearance process
- Anticipated use of research evidence and change in practice

Project Team

- CRFR/IRISS reported changes in their approach to knowledge exchange and the promotion of practice-based enquiry

Practitioner-researcher changes in behaviour and practice

Changes in behaviour and practice as a result of both the research-training and research production processes are evident in the practitioners' accounts. These changes to practice can be through the changes in practice and formal changes in professional role.

Changes in practice

Some practitioners found that the research created broad changes in the way they approach their work. One practitioner noted that her involvement in the PROP project "got me thinking about all sorts of things: what I want – what people want – where services are going - it got me reflecting on my own practice". Similarly, another practitioner commented that "I've become more motivated. I've engaged the academic process and using my skills and experience in a different way. My practice with carers is more informed and I value the importance of being more aware of how I engage with carers".

Personal development and changes in practice often went hand-in-hand for practitioners. For example, Janice Caine and Gabrielle Colston spoke about the impact of the research in terms of their changed engagement with service users who have a diagnosis of dementia. Both practitioners have extensive experience working with people with a diagnosis of dementia. The research process surprised them in that it allowed them to think differently about their role and the way that people with dementia engage with services.

Professional role

Other practitioners reported developments of their professional role. For example, Rebecca Gamiz is writing a new pathway for carer's assessments in her organisation to incorporate research findings into the guidance on professional practice. Catherine Robertson has added a research liaison role to her practice and now reviews applications for research in the West Lothian Council.

More changes to personal practice and professional role are anticipated, but require evaluation using a longer-term impact assessment. Similarly, changes in practice at an organizational level are anticipated, particularly with respect to the use of research findings and new ethics clearance processes, but these require more time to determine.

Contribution

First and foremost, the PROP practitioner-research programme has impacted practitioners' knowledge and capacity through the development of research skills and production of eight research projects. Through this process, practitioners have also gained insight into other aspects of health and social services in Scotland and developed new capacities for reflective practice. These developments have led to changes in individual practice and/or the practitioner's role in their organisation.

At an organisational level, each organisation has increased its capacity for research through the development of practitioners as researchers. Some organisations have also gained new ethics policies for research and a ethics clearance policy based closely on the one used by

the University of Edinburgh (Alzheimer Scotland, Midlothian Council and VOCAL). The development of practitioners' roles in their organisation also extends organisational capacity. For example, Catherine Robertson's role as a research liaison officer increases West Lothian's capacity for engaging with research.

Practitioner's development might be best understood as 'boundary-spanning' as their role, at least during the PROP programme, included both practice and research. The empirical investigation of practice-based research questions relating to improving services for older people was made possible through their boundary-spanning position. These research projects reflect concrete efforts to improve services and the experiences of older people in their local practice setting.

Key Contributions:

1. The creation of boundary-spanning practitioners who occupy a new position in their organisation as both practitioner and researcher
2. Establishment of ethics clearance processes in three of the partner organisations (Alzheimer Scotland, Midlothian Council and VOCAL)
3. Use of summary postcards and formatted research reports to facilitate the uptake of research evidence

This contribution story is challenged by the time-limited nature of this assessment. While the development of boundary-spanning practitioners is a clear contribution, it may be limited to the time span of PROP programme (June 2012-September 2013). Further research on impact would help ascertain whether practitioners continue to use both practice and research perspectives in their everyday work.

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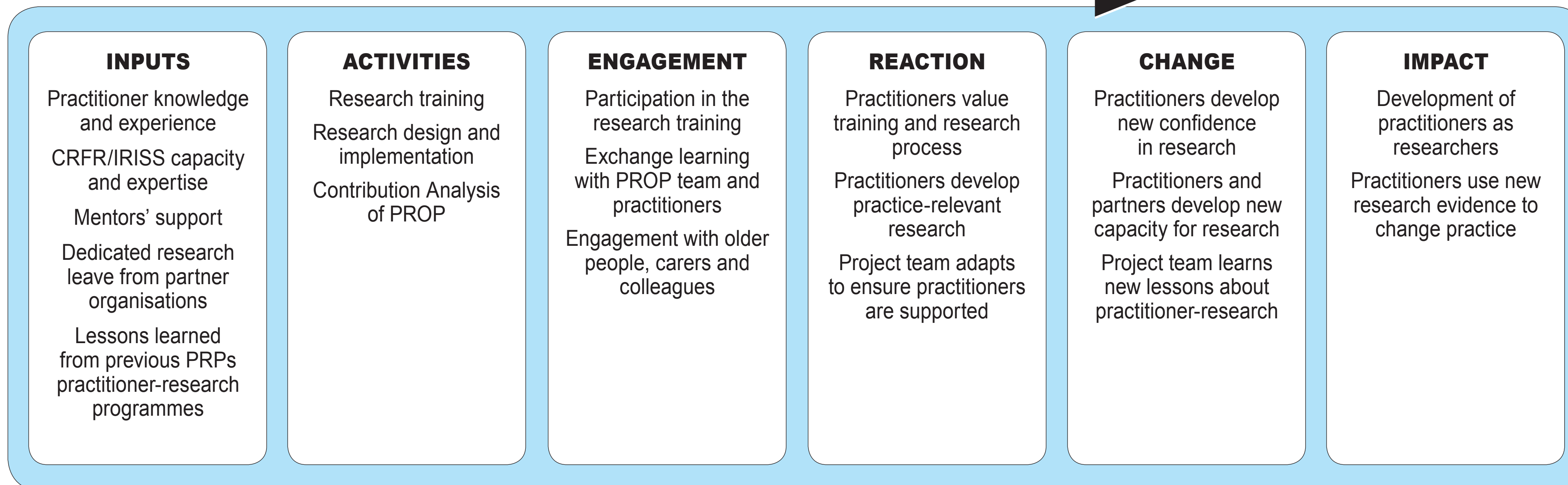
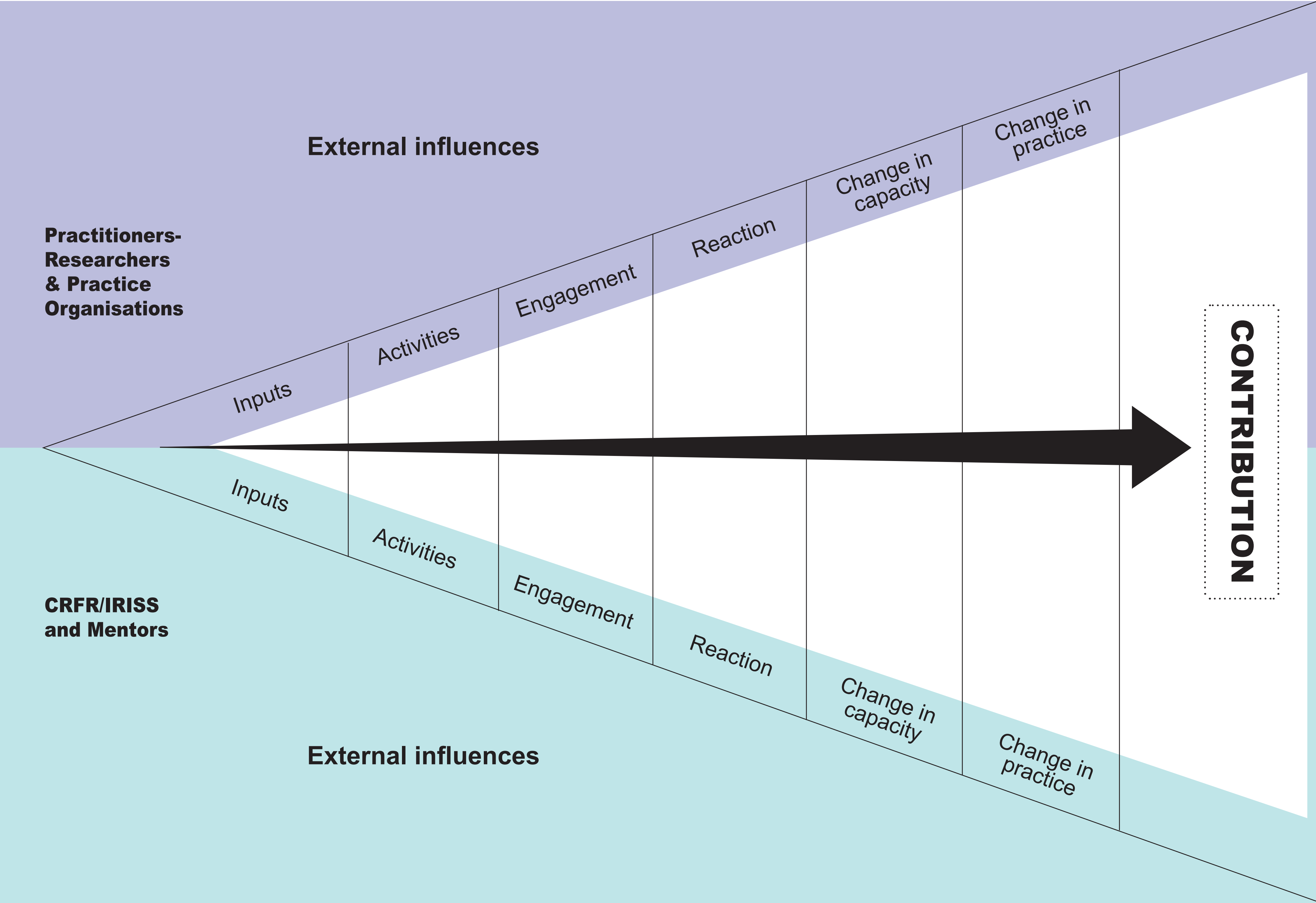
Short term: Impacts of a Practitioner-Researcher Training Programme



INPUTS	ACTIVITIES	ENGAGEMENT	REACTION	CHANGE	IMPACT
Findings from research projects Knowledge media: postcards, research reports Research-savvy practitioners Capacity of partners for knowledge exchange	Knowledge exchange at team meetings, strategic-meetings, university lectures, and national media	Service users/research participants Colleagues Line-Managers and Senior Managers Other researchers and academics	Support for changes to policy and practice Support for continued use of practice-based intervention Requests for more knowledge exchange activities	Practitioners develop new confidence knowledge exchange Practitioners and partners develop new skills in knowledge exchange Anticipated changes to practice	Changes to practice Research use further embedded in partner organisations Practitioners valued for their research and knowledge exchange skills

Long term: Impacts of New Research Evidence in Health and Social Care


External influences
Practitioners-
Researchers
& Practice
Organisations
Inputs
Activities
Engagement
Reaction
Change in
capacity
Change in
practice
CONTRIBUTION
Inputs
Activities
Engagement
Reaction
Change in
capacity
Change in
practice
CRFR/IRISS
and Mentors
External influences